OHIO TRAFFIC CRASH REPORT	OH-1 (Rev. 1-82)		
LOCAL REPORT NO. 14-1909Z DH-3 Lebanon Poli	ce 0830300	ODHS USE ONLY - 00 N	IOT MARK ABOVE
REPORT AT STATION NO OF VEH PEDESTRIANS CRASH SEVERITY (CHEC	K MOST SEVERE)	COMBINED X OVER \$150	HIT SKIP SOLVED
IN COUNTY OF WARREN	1 1)	ATE OF CRASH: DAY	TIME: MILITARY
CRASH OCCURRED ON	WITHIN THE INTE		1226
W F	15 人. We NEAREST INTERSECTING STREE		CITY CODE
MILES 10 FEET W 6 OF West LOG-1 LOC JUR FH9	당.		8321
A UNIT NO OF OCCUPANTS OPERATING PARKED		NON CONTACT INSURANCE CO OR AGENT U-1	Hau)
	address (no., street, city, st. 15 N. Wost St. Apt.	ATE, ZIP CODE) . 44 LUDONON OH USO	~3/-
PHONE NO. BIRTH DATE AGE SEX SOC	CIAL SECURITY NO.	STATE DRIVER'S LICENS	SE NO. OCCUPATION
937-416-6834 <u>m5</u> 28 89 M OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	OH TO468;	S19 NA
U-Haul	209 S. Lusulle St.	Ste. 30 Chicago ILG	
VEH YR MAKE MODEL COLOR 7 ZOII GML TRK WHT		E PLATE NO. TOWING SE	FROM E TOW
CIPCLE	ERITY DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
AREAS 1 5 10 UNDER CAR 11 LOAD FUNCTI		ODERATE	F
	ING DRIVERLESS HIT& RUN N	TOWED TOWED TON-CONTACT INSURANCE CO.	OTHER FIRE
	ADDRESS (NO., STREET, CITY, ST	ATE, ZIP CODE)	AA
			<i>t</i>
PHONE NO. BIRTHDATE AGE SEX SOC M D V	AL SECURITY NO.	STATE DRIVER'S LICENS	E NO. OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	·	PHONE
VEHYR MAKE MODEL COLOR	15 N. West St. Leb STYLE STATE LICENSE	PLATE NO. TOWING SE	937- 247- S77Z RVICE VEH/PED DIR
1989 Ford ZS Blu		VEHICLE DISPOSITION	FROM TO
DAMAGE 9 TOP 10 UNDER CAR NON-FU	NCTIONAL NONE MC	DDERATE DRIVEN AWAY	NO FIRE
11 LOAD LIFUNCTH		AVY X REMAINED AT SO	CENE FIRE DUE TO CRASH OTHER FIRE
C FROM NAME (LAST, FIRST, MI)	BIRTHDATE AGE	POSITION A B C D E F	INJURIES A B C D E F
ADDRESS	PHONE SEX		5 1
D. NO.	BIRTHDATE AGE		I FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE
ADDRESS	PHONE SEX		4 NO VISIBLE INJURY 5 NOT INJURED
FROM NAME (LAST, FIRST, MI) E UNIT	BIRTHDATE AGE	7	CONDITION A B
ADDRESS FROM NAME (LAST, FIRST, MI)	PHONE' SEX		I APPARENTLY NORMAL 2 SICK
FROM NAME (LAST, FIRST, MI)	BIRTHDATE AGE	P-PEDESTRIAN	3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT
ADDRESS	PHONE SEX	RESTRAINTS	8 OTHER CONDITION 7 UNKNOWN
A B C INJURED TAKEN TO BY		A B C O E F	ALCOHOL A Yes B Yes
A B C INJURED TAKEN TO By	/	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED	NO NO
D E F CHENSE CHARGED AND DESCRIPTION	**************************************	4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED	I NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED
A CORC CONTROL	**************************************	6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN
ORC. OFFENSE CHARGED AND DESCRIPTION ORD		EJECTION A, B C D E F	DRUGS A TESTED 0 TESTED
RECEIVED DISPATCHED ARRIVED CLEARED OT CALL 1226 1227 1243 1301 10	HER TIME TOTAL MINUTES OF OFFORT 45	LNOTE JECTED	YES
DATE REPORT FILED PHOTOS OFFICER'S NAME BAD	GE NO. CHECKED BY	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG
M 11 D 8 Y 14 80 NO) Nate Trout 12 State Ptl-012 2/13/03	9	ED INGIDE VEHICLE	3 USING ILLICIT DRUG